



**Commonwealth of Massachusetts**  
**Board of Building Regulations and Standards**  
**Manufactured Buildings Program**  
**THIRD PARTY INSPECTION AGENCY CERTIFICATION**  
*BULK LABELS*

**This Section to be completed by Third Party Inspection Agency - Please print or type - UNITS MAY NOT BE SHIPPED UNTIL THIS CERTIFICATION IS COMPLETED and COMPONENTS ARE LABELED**

**SECTION 1 - MANUFACTURER INFORMATION** (S\Mfg\mfgthirdpartycert bulklabels2005- July, 2009)

Manufacturer Name		MC#	
Address			
Telephone		Fax	
E Mail Address			

**SECTION 2 - BUILDING INFORMATION**      **BBRS\DPS I.D. #**

Street Name & Number			
City	State	Zip	
Use Group		Construction Type	

In signing this form below, I hereby certify that the units identified on this form have been inspected and are constructed in accordance with the following codes, as applicable.

Massachusetts State Building Code (780 CMR)	<input type="checkbox"/>	Massachusetts State Electrical Code(527 CMR 12)	<input type="checkbox"/>
Massachusetts State Plumbing and Fuel Gas Code (248 CMR)	<input type="checkbox"/>	Massachusetts Architectural Access Board Regulations (521 CMR)	<input type="checkbox"/>
Mfg. Plant Inspector's Name (Print Name)	Third Party Inspector (Print Name) TPIA#:		
Mfg Plant Inspector's Signature Date:	Third Party Inspector's Signature Date:		

**SECTION 3 - BUILDER/DEALER/CERTIFIED INSTALLER INFORMATION**

Builder/Dealer:	
Address:	
Licensed Construction Supervisor:	License Number: _____
Certified Installer:	Exp. Date: _____

**SECTION 4 - LABEL INFORMATION** (Indicate number of boxes and number of labels required)

Number of Units		Label Numbers Issued:
Manufacturer's Serial Number:		
Manufacturer's Model Designation:		